

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 17 AM 9:44

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **LS 76260**

1. Corporation Name

INSHIP, INC.

2. Principal Office Address

2655 LEJEUNE RD

Suite, Apt. #, etc.

SUITE 201

City & State

CORAL GABLES FL

Zip

33134

Country

US

3. Mailing Office Address

2655 LEJEUNE RD

Suite, Apt. #, etc.

SUITE 201

City & State

CORAL GABLES FL

Zip

33134

Country

US

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

3-20-90

SP

5. FEI Number

65-0252933

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RONALD G. BAKER

Street Address (P.O. Box Number is Not Acceptable)

2655 LEJEUNE RD.

Suite, Apt. #, Etc.

SUITE 201

City

CORAL GABLES

State

FL

Zip Code

33134

300004610673-5

-09/25/01--01082--014

*****900.00 ***900.00**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Ronald G. Baker

Date **7/30/01**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P-D	KJELL JENSEN	1050 SAN PEDRO	CORAL GABLES FL 33156
S-D	NICOLE JENSEN	1050 SAN PEDRO	CORAL GABLES, FL 33156

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Kjell Jensen

KJELL JENSEN, PRES.

Date **9/11/01**

Daytime Phone # **3054768300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2501 (9/00)